



Chlorine/Chloramines Report

A. PWS Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Please refer to your DEP Coliform Sampling Plan for Approved Sample Locations and Location IDs

1. Facility - Please refer to your DEP Water Quality Sampling Schedule to help complete this section:

PWS ID # _____

City/Town _____

PWS Name _____

PWS Class: ☐ COM ☐ NTNC

Notes _____

B. Laboratory Analytical Information

Analyzed by _____

Lab Certification # _____

Subcontracted: ☐

Subcontractor Laboratory Name _____

Sub. Certification # _____

Notes _____

¹ Samples shall be taken at the same routine sample distribution site and at the same time as Total Coliform.

² If measured in the field list the field analyst.

³ MRDL = 4.0 mg/L

Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of result and no later than 10 days after the end of the reporting period.

DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date	Lab Sample ID #
DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date	Lab Sample ID #
DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date	Lab Sample ID #
DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date	Lab Sample ID #
DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date	Lab Sample ID #
DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date	Lab Sample ID #



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B. Laboratory Analytical Information (cont.)

DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date Analyzed	Lab Sample ID #
DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date Analyzed	Lab Sample ID #
DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date Analyzed	Lab Sample ID #
DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date Analyzed	Lab Sample ID #
DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date Analyzed	Lab Sample ID #
DEP Location ID ¹	Sample Location ¹	Date ¹	Time ¹	Collected by ²
Free, Total, or Combined Chlorine	Result mg/L	Analytical Method ³	Date Analyzed	Lab Sample ID #

Quarterly
Average mg/L =
Average of three
monthly
averages

Primary Certified Operator or Laboratory Director Signature

Date

C. DBPR Compliance Reporting

Running Annual
Average mg/L =
Average of this
quarter and three
prior consecutive
quarterly
averages

Average Result of ALL Samples from Month mg/L

Quarterly Average mg/L

Running Annual Average mg/L

I certify under penalty of law that I am the person
authorized to fill out this form and the information
contained herein is true, accurate and complete
to the best of my knowledge and belief.

Primary Certified Operator Signature

Date

For DEP Use Only -
Please initial and
date as completed:

Accepted:

Disapproved:

Data entered into WQTS:

Comments: